

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30.			1. REQUISITION NUMBER A21936360		PAGES 1 OF (1) PAGE(S)	
2. CONTRACT NO. 47QFDA20C0007		3. AWARD/EFFECTIVE DATE 06/26/2020		4. ORDER NUMBER		5. SOLICITATION NUMBER ID11200016
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Marion Williams		b. TELEPHONE NUMBER (No Collect Calls) 202-205-9097		6. SOLICITATION ISSUE DATE 5/21/2020
9. ISSUED BY GSA Region 11 Marion Williams 301 7th Street, SW Washington, DC 20407-0000 United States (202) 708-6100		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> 8(A) NAICS: SIC: 541611 SIZE STANDARD: 4.5M		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED Destination <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING		12. DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS
15. DELIVER TO Mitchell L. McCoy 550 12th Street, SW Washington, DC 20024-0000 United States 202-402-7969		16. ADMINISTERED BY Marion Williams (202) 708-6100				
17a. CONTRACTOR/ OFFEROR Armando Falcon FALCON CAPITAL ADVISORS LLC 1001 G ST NW STE 460 W WASHINGTON, DC 20001-4562 United States 202-393-4150		18a. PAYMENT WILL BE MADE BY General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions . The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission).				
17b. <input type="checkbox"/> CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED				
19. ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
ITEM NO.	TASK ITEM DESCRIPTION			PREVIOUS MOD AMT	MOD CHANGE AMT	NEW MOD AMT
0001	Program Management			Exemption (b)(4)		
0002	Conduct Advanced MBS Analytics			Exemption (b)(4)		
0003	Order Level Materials – ODC's Exemption (b)(4)			Exemption (b)(4)		
This is a Hybrid firm fixed price/Labor Hour contract for Integrated Analytics Services for the U.S. Department of Housing and Urban Development (HUD), Ginnie Mae. The Contractor's proposal dated [redacted] and updated [redacted] is accepted as to all items. This contract includes the SF1449 and RFP Sections A through J. [redacted] Exemption (b)(4)						
The total amount for this contract including the two option periods, if exercised is [redacted] Exemption (b)(4)						
25. ACCOUNTING AND APPROPRIATION DATA 285F.Q11FA000.AA20.25.AF151.H08...				26. TOTAL AWARD AMOUNT (For Govt. Use Only) [redacted] Exemption (b)(4)		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 and 52.212-5 ARE ATTACHED. ADDENDA ATTACHED.						
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ATTACHED.						
28. CONTRACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. <input type="checkbox"/> CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE OFFER DATE . YOUR OFFER ON SOLICITATION (BLOCK 5) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:		
30a. SIGNATURE OF OFFEROR/CONTRACTOR		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) Marion Williams				
30b. NAME AND TITLE OF SIGNER (Type or print)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (Type or print) Marion Williams (202) 708-6100			31c. DATE SIGNED 6/26/2020	
32a. QUANTITY IN COLUMN 21 HAS BEEN		32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE			32c. DATE	
32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR		36. PAYMENT		
37. CHECK NUMBER		38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER		40. PAID BY	
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (Print)				
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER GSA Finance Customer Support 816-926-7287		42b. RECEIVED AT (Location)				
41c. DATE		42c. DATE REC'D (YY/MM/DD)				
42d. TOTAL CONTAINERS						
AUTHORIZED FOR LOCAL REPRODUCTION		SEE REVERSE SIDE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT			STANDARD FORM 1449 (REV. 4-2002) Prescribed by GSA - FAR (48 CFR) 53.212	